Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

For office use only		
Checked_		
Computer		

DHS - Cherokee Mental Health Institute		
Name of Department or Office 1251 West Cedar Loop Cherokee, IA 53012		
Mailing Address	City, State, Zip Code	
712 225 2594 Area Code & Telephone No.		
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFF	ICE:	
Katelyn Matheny Name		
	City, State, Zip (If different from above)	
Malling Address (if different from above) kmathen@dhs.state.ia.us	·	
Emall Address	Area Code & Telephone Number (if different from above)	
Anonymous Name		
ONOR OF GIFT OR BEQUEST:		
Name		
Malling Address Clty, State, Zip Code	March 1, 2019 \$15.00	
•	Date of Gift or Bequest Amount/Value*	
Area Code & Telephone Number	*value is defined as "fair market value" of item as determined by	
	receiving department or office. If no value mark "0.00".	
Email Address (optional)		
Provide a description of the gift or bequest and purpose thereof:		
One bag of previously used girls clothing.		
Criteria to use this form:		
Receipt of any gift or bequest that is received by any department of the	e state or received by the Governor on behalf of the state.	

affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.